

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3091AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/12/2009
NAME OF PROVIDER OR SUPPLIER THE BRIDGE AT PARADISE VALLEY ASSTD L			STREET ADDRESS, CITY, STATE, ZIP CODE 2205 EAST HARMON AVE. LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/12/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 91 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 58. Fifteen resident files were reviewed and 10 employee files were reviewed. Two additional resident files were reviewed for medication issues. One discharged resident file was reviewed. The facility received a grade of D.</p> <p>The following deficiencies were identified:</p>	Y 000	<p><i>Acceptable POC</i> <i>Heeger</i> <i>6/10/09</i></p>		
Y 070 SS=E	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This Regulation is not met as evidenced by: Based on record review on 5/12/09, the facility failed to ensure that 3 of 10 caregivers received</p>	Y 070	<p>Y070 A. Care Giving Training has been Scheduled for 6/18/09 & 06/30/09 to Bring all employees Current. Employee #4,#5, #6 scheduled see attachment</p> <p>B. All personnel records will be audited. Will use checklists See attachments. The facility will monitor employee records monthly To ensure records are complete and up to date. The Business Office Manager And Administrator will monitor for compliance.</p> <p>C. 6/30/09</p> <p><i>6/9/09</i> <i>DS</i></p>		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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[Signature] **TITLE** *General Manager* **(X6) DATE** *5/21/09*

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Y 070	Continued From page 1 eight hours of annual training (Employee #4, #5 and #6). Severity: 2 Scope: 2	Y 070			
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 5/12/09, the facility failed to ensure that 5 of 10 employees complied with NAC 441A.375 regarding tuberculosis testing (Employee #1, #2, #3, #4 and #7). Severity: 2 Scope: 3	Y 103	Y103 A. Employee #1 2 step TB test in process Employee #2 2 step TB test in process Employee #3 note from MD obtained Employee #4 positive ppd in report Employee #7 copy of x-ray obtained See attachments B. The facility will review all employee Files to insure all TB test are given on time. Will obtain a letter from MD if Positive PPD not in file Annual TB Sign & Symptoms form in place RN & Business Office Manager will monitor C 6/30/09		6/9 DS
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 5/12/09, the facility	Y 105	Y105 A. Employee #2 re-did finger prints 5/14/09 Waiting on results. Employee #3 requested copy of record for challenge From Nv Dept of Public Safety. Waiting on results. Employee #6 Background check State Negative found in file See Attachments. B. Employee check list will be in all files. Business office manager will monitor to ensure Background requirements are met. C. 6/30/09		RECEIVED MAY 29 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA

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Y 105	Continued From page 2 failed to ensure 3 of 10 caregivers met background check requirements (Employee #2, #5 and #6). Severity: 2 Scope: 2	Y 105			
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review on 5/12/09, the facility failed to ensure that 6 of 10 caregivers were trained in first aid (Employee #2, #4, #5, #8, #9 and #10). Severity: 2 Scope: 3	Y 106	Y106 A. Employee #2 had CPR/First Aid Class Found copy in file see attachment Employee # 4, #5, #8, #10 First Aid class completed 5/26/09 Waiting on cards to be received. Employee #9 no longer employed. Employments dates 4/29/09-5/5/09 B. Every employee will attend First Aid/CPR classes and Remain current. Personnel Records Checklist will be in place To ensure we are in compliance. Administrator will schedule Classes & Business Office Manager will monitor. C. 6/30/09	6/9 DS	
Y 172 SS=C	449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be	Y 172	Y172 A. The two outside commercial Garbage containers have been Re- positioned to ensure the Lids close completely. B. The Dietary department and The Maintenance director will monitor to Ensure lids are always closed to be in Compliance. C. 5/13/09	6/9 DS	

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STREET ADDRESS, CITY, STATE, ZIP CODE

**2205 EAST HARMON AVE.
LAS VEGAS, NV 89119**

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Y 172	Continued From page 3 removed from the premises of the facility. This Regulation is not met as evidenced by: Based on observation and interview on 5/12/09, the facility failed to ensure the lids attached to the 2 of 2 outside commercial garbage containers were used by staff to cover the containers. Severity: 1 Scope: 3	Y 172		
Y 174 SS=D	449.209(4)(a) Health and Sanitation-Offensive odors NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors. This Regulation is not met as evidenced by: Based on observation and interview on 5/12/09, the facility failed to ensure the facility was free from offensive odors. There was a strong sewer odor noted on entry to the facility and in the northeast to east first level hallways. Severity: 2 Scope: 1	Y 174	Y 174 A. Service call to evaluate strong sewer odor. Recommended to flush All drains in community including Mechanical Rooms to prevent odors. Advised us to flush every two weeks B. Maintenance Drain Flush Schedule in place Twice monthly continuously. Maintenance director will flush and document flushes Administrator will monitor for compliance. C. 5/27/09	6/9 DS
Y 255 SS=D	449.217(6)(a)(b) Permits - Comply with NAC 446 NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau	Y 255		

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Y 255	Continued From page 4 of Health Protection Services of the Division. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the kitchen cutting board, splash surface of mixer, dry food storage bins, hood filters, fryer cabinet and cooks line reach were kept clean. Severity: 2 Scope: 1	Y 255	Y255 A. Two new custom cutting boards were Ordered 5/22/09. Copy of receipt of order and check attached. The facility has put into place a cleaning schedule to ensure equipment in kitchen are clean. Attachment B. The Dietary staff will follow the cleaning schedule Daily. The cooks will follow this schedule and the servers. The Dietary Director is assigned to monitor staff to ensure The schedule is followed. C. 5/28/09	6/9 DS	
Y 356 SS=D	449.222(6) Bathrooms and Toilet Facilities NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. This Regulation is not met as evidenced by: Based on observation and interview on 5/12/09, the public bathroom located across from room 101 had a slide bolt lock installed at the top inside corner of the door. Severity: 2 Scope: 1	Y 356	Y356 A. Public restroom located across from room 101 1 st floor Slide bolt lock removed on 5/13/09. B. All bathroom doors inspected and are equipped with locks that open with a single motion from the inside without the use of a key. Maintenance director assigned to monitor. C. 5/13/09	6/9 DS	
Y 693 SS=E	449.2712(2) Oxygen-Caregiver monitor resident ability	Y 693			

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Y 693	Continued From page 5 NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.	Y 693	Y 693 A. Caregivers will monitor the residents ability to operate the equipment with the orders of a physician. 1. Routine appointments the physician will evaluate the resident's Condition changes. 2. No Smoking Oxygen Signs are posted on all apartments doors for resident That is on oxygen. Signs posted in areas which oxygen is in use or being stored. 3. Smoking in designated areas outside the community. Resident sign a Smoking policy on admission. See Attached 4. Maintenance director will inspect electrical equipment for defects 5. Oxygen usage list prepared. Racks/stands are in place for all residents With oxygen tanks. See attachment 6. Oxygen companies will maintain equipment. Will ensure equipment is in good working Condition. 7. Two portable units purchased for each floor. Complete E systems in the event of a power outage Attachment 8. As residents no longer need oxygen equipment it will be returned to provider in a timely manner B. Smoking Policy in place , Oxygen usage list in place, No Smoking Oxygen Signs on all areas where Oxygen is in use or stored. Administrator and RN will monitor to ensure compliance is in place. C. 5/28/09	6/9 DS

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Y 693	Continued From page 6 This Regulation is not met as evidenced by: Based on observation on 5/12/09, the facility failed to secure oxygen tanks in a rack or to the wall in all resident rooms and other rooms where oxygen tanks were stored. Severity: 2 Scope: 2	Y 693			
Y 876 SS=E	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on interview and record review on 5/12/09, 7 of 17 residents admitted by the facility required daily assessment of heart rate and/or blood pressure prior to administration of medications (Resident #7, #8, #10, #12, #14, #17); the facility failed to ensure that an ultimate user agreement was obtained for 2 of 17 residents. Severity: 2 Scope: 2	Y 876	<p>Y876 A. Resident #7, #8, #10, #12, #14, & #17</p> <p>As of 6/5/09 routine pluses prior to administration of Digoxin will be removed from MAR</p> <p>If the doctor has ordered blood pressure check prior to administration of medication will attempt</p> <p>To discontinue order, if order is to be continued Mar will be clarified for staff to notify MD or RN</p> <p>Prior to with holding Heart or blood pressure medication.</p> <p>B. We have updated the Medication management/Ultimate User Agreement, added permission To obtain medications from house pharmacy if family does not provide medications in a timely manner. RN is assigned to monitor correction & Administrator for compliance.</p> <p>C. 6/5/09</p>		6/9 DS
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this	Y 878			

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Y 878	Continued From page 7 subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 5/12/09, the facility failed to ensure 6 of 17 residents received their medications as ordered by their physician because they were not available in the facility. (Resident #8, #9, #10, #12, #17, #18) Severity: 2 Scope: 2	Y 878	1878 A. The facility updated Ultimate User Agreement. Resident's #8, #9, #10, #12, #17, #18 have all signed new Agreement which allows the facility to order medications thru house pharmacy when they are not promptly provided. Resident #8 Home Health documentation regarding Blood sugars during periods when Metformin not given. Resident #9 Resident care preventive Event Regarding falls during time blood pressure med not Given. B. Staff has been educated to report to RN When they have difficulty obtaining medications. RN will monitor & follow up with family and Pharmacy. Attachments C. 6/30/09	6/9 DS
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on record review and interview on 5/12/09, the facility failed to ensure 3 of 17 resident physician's were notified when the resident was not given a medication due to low blood pressure	Y 883	Y883 A. Resident Missed or Refused Notification Form updated. RN will educate all Medication Tech' this form must be used.. Attachments. B. Education for staff not to hold medications without Instructions from MD or RN.. The facility RN will monitor to ensure staff is Following instructions. C. 6/30/09	6/9 DS

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Y 883	Continued From page 8 or heart rate. (Resident #12, #17, and #18) Severity: 2 Scope: 1		Y 883		
Y 897 SS=D	449.2744(1)(b)(3) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (3) The date and time that a resident refuses, or otherwise misses, an administration of medication. This Regulation is not met as evidenced by: Based on record review and interview on 5/12/09, the facility failed to document on the medication administration record (MAR) each time 4 of 17 residents missed a dose of medication (Resident #7, #8, #9 and #10) Severity: 2 Scope: 1		Y 897	Y897 A. Resident missed or refused medication notification form Updated. Staff education regarding documentation on MAR and resident records each time a medication is not given for any reason. B. Ongoing staff education regarding importance Maintaining resident medication supply and Giving meds as ordered. The facility RN Will monitor MAR and council staff as needed. C. <u>6/30/09</u>	6/9 DS
Y 920 SS=D	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility		Y 920		

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NAME OF PROVIDER OR SUPPLIER THE BRIDGE AT PARADISE VALLEY ASSTD L			STREET ADDRESS, CITY, STATE, ZIP CODE 2205 EAST HARMON AVE. LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 920	Continued From page 9 shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation and interview on 5/13/09, the facility did not ensure 2 of 14 residents who self-administered their medications stored the medications in the provided locked drawers or by locking the doors to their rooms. Severity: 2 Scope: 1		Y 920	Y920 A. Medication Storage New Self Medication user form developed for All residents that are self medicating. B. All residents self medication will sign new agreement. Residents moving into facility will also sign form. Administrator and Marketing Director will ensure Form is completed for compliance., C. 6/15/09	6/9 DS
Y 923 SS=E	449.2748(3)(b) Medication Container NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.		Y 923	Y923 A. Resident #11 was self medicating. On 5/12/09 order received from MD She can no longer self medicate. Worked with family and resident. All medications have been removed from apartment. And staff Now administers. Resident #7 pre poured medications. Medication must be kept in Original container until administered. B. RN provided education for all Med Tech's regarding requirement that medication not be pre poured. RN monitor will monitor techs while they are dispensing medications to ensure this is done correctly. Attachments C. 5/30/09	6/9 DS

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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If continuation sheet 10 of 12

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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality & Compliance

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Y 923	Continued From page 10 This Regulation is not met as evidenced by: Based on observation on 5/12/09, the facility failed to keep medications belonging to 5 of 20 residents in their original container (Resident #7 and #11 in the sample) and 3 residents not in the sample. The medications were being set up in cups prior to the administration time. Severity: 2 Scope: 1	Y 923		
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 5/12/09, the facility failed to ensure that 3 of 15 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1, #2 and #7) which affected all residents. Severity: 2 Scope: 3	Y 936	Y936 A. Resident File Resident #1 2 Step TB completed Resident #2 2step found in file Resident #7 1 step given per State Surveyor instructions. B. All resident files will be audited for TB compliance. RN will review all TB records. Residents will have 2 Step Test completed before move. The Facility will give one step annually. RN Complete testing and monitor. C. <u>6/30/09</u>	6/9 DS

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Y1010	Continued From page 11	Y1010			
Y1010 SS=F	<p>449.2764(1) MI Training</p> <p>NAC 449.2764</p> <p>1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review on 5/12/09, the facility failed to ensure not less than 8 hours of training concerning care for residents who are suffering from mental illnesses was received within the first 60 days of employment for 3 of 4 employees hired in the last 12 months (Employee #4, #5 and #8).</p> <p>This was a repeat deficiency from the 6/7/08 annual State Licensure survey.</p> <p>Scope: 2 Severity: 3</p>	Y1010 Y1010	<p>Y1010</p> <p>A. Employee #4 scheduled for Mental Illness course 6/24 & 6/25/09. Employee #5 & #8 completed Mental Illness Training 3/11/09. See attachments</p> <p>B. All current employees are scheduled for Mental Illness Course on either 6/2/09, 6/4/09, 6/24/09, 6/25/09. See attachments. All new employees will be scheduled and complete Mental Illness training within 60 days of hire. Business Office Manager will schedule training and Administrator will monitor for compliance.</p> <p>C. 6/30/09</p>		<p>6/9</p> <p>TS</p>

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